



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7701

<b>SERIAL NUMBER</b> 10/597,899	<b>FILING OR 371(c) DATE</b> 04/23/2007 <b>RULE</b>	<b>CLASS</b> 427	<b>GROUP ART UNIT</b> 1717	<b>ATTORNEY DOCKET NO.</b> UOA.489.US
<b>APPLICANTS</b> Darrell H. Reneker, Akron, OH; Daniel J. Smith, Stow, OH; Woraphon Kataphinan, Fontana, CA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/04522 02/14/2005 which claims benefit of 60/544,010 02/12/2004				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/27/2007				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 34
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 26360				
<b>TITLE</b> MECHANICALLY ATTACHED MEDICAL DEVICE COATINGS				
<b>FILING FEE RECEIVED</b> 1115	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	